

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicants: AOKI, et al. ) Examiner: Anish Gupta  
 ) (parent app)  
 )  
 Serial Number: pending ) Art Unit: 1653 (parent app)  
 )  
 Filed: herein )  
 )  
 For: USE OF NEUROTOXIC COMPONENT OF )  
 A BOTULINUM TOXIN FOR TREATING )  
 VARIOUS DISORDERS AND CONDITIONS )  
 AND ASSOCIATED PAIN ) Irvine, California

**NON-PROVISIONAL PATENT APPLICATION TRANSMITTAL LETTER**


Mail Stop: Patent Application  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Sir/Madam:

Enclosed herewith are the following documents:

- (x) Transmittal Letter – 4 pgs
- (x) Specification (30 pgs. total) 27 Claims (4 pgs.) Abstract (1 pg.)
- ( ) Drawings (0 sheets)
- (x) Declaration/Power of Attorney (4 pgs)
- (x) Assignment with Recordation Cover Sheet (6 pgs)
- (x) Return/postage paid Postcard
- (x) Express Mail Certificate No. EV295682815US

Dated: December 2, 2003

  
 STEPHEN DONOVAN  
 Registration No. 33,433

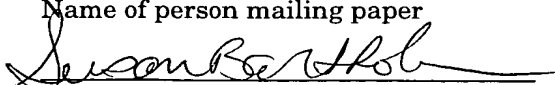
This application claims priority to continuation in part application Serial Number 08/627,118 filed April 3, 1996, which is a continuation of application of Serial Number 08/173,996, filed December 28, 1993, now abandoned.

**CERTIFICATE OF EXPRESS MAIL UNDER 37 C.F.R. §1.10**

I hereby certify that the above-identified documents are being deposited with the United States Postal Service on **DECEMBER 2, 2003** in an envelope as "Express Mail Post Office To Addressee" mailing label number EV295682815US with sufficient postage for Express Mail addressed to MS: Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date: DECEMBER 2, 2003

Susan Bartholomew  
 Name of person mailing paper

  
 Signature of person mailing paper

## NEW APPLICATION TRANSMITTAL FORM

To the Assistant Commissioner for Patents:

This is a Request for filing a NON-PROVISIONAL patent application under 37 CFR 1.53(b) entitled **USE OF NEUROTOXIC COMPONENT OF A BOTULINUM TOXIN FOR TREATING VARIOUS DISORDERS AND CONDITIONS AND ASSOCIATED PAIN** by the following named inventor:

<b>1</b>	Full Name of Inventor	Last Name: <b>AOKI</b>	First Name: <b>KEI</b>	Middle Name: <b>ROGER</b>	
	Residence and Citizenship	City: <b>Coto de Caza</b>	State or Foreign Country: <b>California</b>	Country Of Citizenship: <b>U.S.A.</b>	
	Post Office Address	Post Office Address: <b>2 Ginger Lily Court</b>	City: <b>Coto de Caza</b>	State or Country: <b>California</b>	Zip Code: <b>92679</b>
<b>2</b>	Full Name of Inventor	Last Name: <b>GRAYSTON</b>	First Name: <b>MICHAEL</b>	Middle Name: <b>W.</b>	
	Residence and Citizenship	City: <b>Irvine</b>	State or Foreign Country: <b>California</b>	Country Of Citizenship: <b>U.S.A.</b>	
	Post Office Address	Post Office Address: <b>12 Mandarin</b>	City: <b>Irvine</b>	State or Country: <b>California</b>	Zip Code: <b>92604</b>
<b>3</b>	Full Name of Inventor	Last Name: <b>CARLSON</b>	First Name: <b>STEVEN</b>	Middle Name: <b>R.</b>	
	Residence and Citizenship	City: <b>San Mateo</b>	State or Foreign Country: <b>California</b>	Country Of Citizenship: <b>U.S.A.</b>	
	Post Office Address	Post Office Address: <b>615 Hurlingham Avenue</b>	City: <b>San Mateo</b>	State or Country: <b>California</b>	Zip Code: <b>94402</b>
<b>4</b>	Full Name of Inventor	Last Name: <b>LEON</b>	First Name: <b>JUDITH</b>	Middle Name: <b>M.</b>	
	Residence and Citizenship	City: <b>San Juan Capistrano</b>	State or Foreign Country: <b>California</b>	Country Of Citizenship: <b>U.S.A.</b>	
	Post Office Address	Post Office Address: <b>33861 Montanas del Mar</b>	City: <b>San Juan Capistrano</b>	State or Country: <b>California</b>	Zip Code: <b>92675</b>

(X) The Commissioner is hereby authorized to use Deposit Account Number 01-0885 for the payment of any extension fees incurred during the prosecution of this application.

(X) Enclosed is a specification of 30 pages, 27 claims (4 pages) and an abstract (1 page).

**Oath or Declaration**

(X) Enclosed is a fully executed oath or declaration.

( ) Enclosed is an unsigned oath or declaration.

(X) A self-addressed return postcard is enclosed for verification of receipt.

(X) The filing fee is calculated below:

FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE
Basic Fee (Large entity)			\$770.00	\$770.00
Total Claims	27 minus 20 =	-7-	\$18.00	\$126.00
Independent Claims	3 minus 3 =	-9-	\$86.00	\$774.00
If application contains any multiple dependent claims, then add			\$290.00	\$ .00
			<b>TOTAL FILING FEE</b>	<b>\$1670.00</b>

(X) The Commissioner is hereby authorized to charge the filing fee and excess claim fees (including multiple dependent claim fee) as stated above to Deposit Account No. 01-0885. If this amount is incorrect, or for payment of any other fees that may be incurred as a result of this communication please use said Deposit Account. A duplicate copy of this sheet is enclosed for that purpose.

(X) An Assignment with the Recordation Cover Sheet, bestowing all interest in this application to Allergan, Inc., is enclosed.

( ) New drawing(s) are enclosed \_\_\_ sheets.

( ) A Statement Pursuant to 37 CFR §1.821(f) and a labeled diskette containing the computer readable sequence listing is enclosed.

( ) A Statement Pursuant to 37 CFR §1.821(e), stating that the paper copy and the computer readable form are identical is filed herewith.

( ) A properly labeled computer readable form of the Sequence Listing accompanies this Application.

(X) The Power of Attorney in this application is to Stephen Donovan, Registration Number 33,433.

(X) The Power of Attorney appears in the Combined Declaration and Power of Attorney, filed herewith.

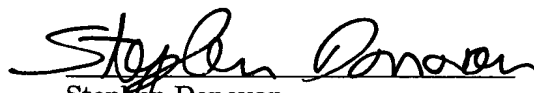
( ) A copy of the Request for Extension of Time filed in the prior application is enclosed.

Please address all future communications to:

STEPHEN DONOVAN  
Registration No. 33,433  
ALLERGAN, INC.  
2525 Dupont Drive, T2-7H  
Irvine, CA 92612  
Tel: 714-246-4026 Fax: 714-246-4249

Respectfully submitted,

Date: December 2, 2003

  
Stephen Donovan  
Registration No. 33,433  
Attorney of Record